



PERIOD FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket No. (Optional) 8733.443.00
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In re Application of Hong Jin KIM	
Application Number 09/893,555	Filed June 29, 2001.
For: LIQUID CRYSTAL DISPLAY INCLUDING PAD MEMBERS HAVING DIFFERENT LENGTH (as amended)	
Art Unit 2871	Examiner Huyen Le Ngo

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number.
- ☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) **52,587**

October 7, 2005
Date

Signature

(202) 496-7500
Telephone Number

George G. Ballas
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of _____ forms are submitted.
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